

AUG 16 1927

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

11490-2

## 1. PLACE OF DEATH

County HarrisonRegistration District No. 834Township BethanyPrimary Registration District No. 4197City Bethany (No. ....)File No. 385

Registered No. ....

St. .... Ward)

2. FULL NAME Colista E. Hamilton

(a) Residence. No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Fr.

## 4. COLOR OR RACE

W.

## 5. SINGLE, MARRIED, WIDOWED OR

DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFJ. P. Hamilton Dec.6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-26-1841

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, .... hrs.

or .... min.

8619

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of workHousewife(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tenn.

(STATE OR COUNTRY)

10. NAME OF FATHER Stephen Allen11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Polly H. Masters13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dan Kew

(STATE OR COUNTRY)

## 14.

INFORMANT S. E. Hamilton  
(Address) Bethany Mo

## 15.

FILED Aug 10, 1927W. J. Farmer  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1927

## 17.

I HEREBY CERTIFY, That I attended deceased from Mar.17, 1927, to April 4, 1927.that I last saw her alive on April 18, 1927, and thatdeath occurred, on the date stated above, at 11 P.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Hypostatic PneumoniaCONTRIBUTORY (SECONDARY) Fell fracturingScalp

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Farmer, M. D.(Address) Bethany

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Miriam CemeteryApril 7 1927

## 20. UNDERTAKER

## ADDRESS

S. M. 7 LassBethany Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

